



CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



SUPERVISING PSYCHIATRIC SOCIAL WORKER I, CORRECTIONAL FACILITY Training and Experience Assessment

PLEASE READ INSTRUCTIONS CAREFULLY

This Training and Experience Assessment (T&E) will be used to measure your experience, training, and/or education relevant to the Supervising Psychiatric Social Worker I, Correctional Facility. It will ask you to rate yourself on the experience, training, and/or education that you will bring to the job with California Correctional Health Care Services (CCHCS).

The T&E is the exam and it will be weighted **100%** of your score. In order to obtain a position on the eligible list, a minimum rating of 70% must be attained. The eligible list resulting from this exam will be used by CCHCS to fill our existing and/or future vacancies. A "Conditions of Employment" form is included in this T&E that will allow you to select the location(s), tenure(s), and time base(s) that you are interested in working.

Please follow all instructions carefully and completely.

THIS AFFIRMATION MUST BE COMPLETED

I hereby certify and understand that the information provided by me on this questionnaire is true and complete to the best of my knowledge and contains no willful misrepresentation or falsifications. I also understand that if it is discovered that I have made any false representations, I will be removed from the list resulting from this examination and may not be allowed to compete in future examinations for State employment. If already hired from the result of this examination, I may have adverse action taken against me, which could result in dismissal.

SIGNATURE: _____ DATE: _____

NAME (PRINTED): _____ LAST FOUR DIGITS SOCIAL SECURITY NUMBER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

WORK PHONE NUMBER: _____ HOME PHONE NUMBER: _____

FILING INSTRUCTIONS:

Please submit **1.) a State application (STD. 678)** (Go to: <https://jobs.ca.gov/Profile/StateApplication> for a copy of the State application.) and **2.) this Completed Training and Experience Assessment** as follows:

By mail to:

California Correctional Health Care Services
Examination Services Section, Bldg. D1
P.O. Box 588500
Elk Grove, CA 95758

OR In person to:

California Correctional Health Care Services
8280 Longleaf Drive
Suite 101 Drop Box
Elk Grove, CA 95758

SUPERVISING PSYCHIATRIC SOCIAL WORKER I, CORRECTIONAL FACILITY
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Name: _____

MINIMUM QUALIFICATIONS

You must meet the Minimum Qualifications by the date the T&E is signed. If not, your application will be rejected and your T&E exam will not be scored. Please ensure that your State application (STD. 678) clearly indicates your experience, training, and/or education relevant to the Supervising Psychiatric Social Worker I, Correctional Facility Minimum Qualifications as stated below:

Possession of a valid license as a Licensed Clinical Social Worker issued by the California Board of Behavioral Science Examiners. (Applicants who are in the process of securing their license from the California Board of Behavioral Science Examiners will be admitted to the examination, but must secure a valid license before they will be considered eligible for appointment.)

(Unlicensed individuals who are recruited from outside the State of California and who qualify for licensure may take the examination and may be appointed for a maximum of one year at which time licensure shall have been obtained or the employment shall be terminated. Additionally, they must take the licensure examination at the earliest possible date after the date of employment.)

And

Education: Completion of a master's degree program from an accredited school of social work, approved by the Council on Social Work Education or equivalent degree approved by the California Superintendent of Public Instruction under the provisions of California Education Code Section 94310.

And

Two years of post-licensed or post-certified experience as a clinical social worker meeting the supervisor requirements of Section 4980.40(f)(3) of the Business and Professions Code.

And

Either I

Two years of experience performing the duties of a Psychiatric Social Worker, Correctional Facility, in the California state service.

Or II

Experience: Four years of experience in psychiatric social work, at least one year of which must have been as a social work supervisor and at least two years of which must have been in a child guidance or psychiatric clinic, in a psychiatric outpatient program, in a psychiatric hospital, or in a psychiatric department of a hospital.

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JOB REQUIREMENTS

The following are job requirements. Please indicate your willingness to comply with each job requirement listed. (Please note, if you are unwilling or unable to comply with any of the following job requirements, you will be eliminated from further consideration in this exam.)

1. Are you willing to work at California Department of Corrections and Rehabilitation's correctional facilities with the California Correctional Health Care Services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are you willing to treat inmate-patients in a professional, ethical, and tactful manner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Are you willing to follow institutional safety and security policies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Are you willing to maintain privacy and confidentiality regarding individual inmate-patient health information?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Are you willing to promote positive, collaborative, professional working relationships among co-workers and peace officers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Are you willing to comply with tuberculosis screening requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Are you willing to work around peace officers armed with chemical agents and/or weapons?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Are you willing to follow the institutional dress code?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Are you willing to provide professional and ethical mental health care to inmate-patients, including the mentally ill and developmentally disabled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Are you willing to work among inmate-patients, including some who may be mentally ill, developmentally disabled, potentially dangerous, or sex offenders?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Are you willing to work with inmate-patients who may be infected with contagious diseases such as Hepatitis C, HIV/AIDS, or tuberculosis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Are you willing to wear protective clothing and apparatus as required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Are you willing to complete on-going education specific to licensure, and required in-service training (IST)/on-the-job training (OJT)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Are you willing to work various and/or extended hours as required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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DEGREES/CERTIFICATIONS

Please indicate if you have any of the following degrees and/or certifications by marking the appropriate box.

15. Associate of Arts/Bachelor of Arts degree in Psychology or Sociology	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. PhD in Social Work, Social Welfare, Social Service, or Social Policy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17. Substance Abuse Professional Certification	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18. Certified Domestic Violence Counselor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19. Certified HIV Counselor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20. Professional Organization Membership (e.g., National Association of Social Workers, California Association of Social Workers, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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WORK EXPERIENCE	REGENCY	FREQUENCY			LEVEL OF SKILL		
	Performed task within the last 24 months	Daily or Weekly	Monthly	Annually	Performed less than one year	Performed more than one year, but less than three years	Performed over three years
<p>Instructions: Please read instructions carefully. For Items 20 – 31, please indicate the following:</p> <p>Recency:</p> <ul style="list-style-type: none"> Check this box if you have performed this task within the last 24 months. <p>Frequency:</p> <ul style="list-style-type: none"> Check only one box to indicate the Frequency in which you have performed this task. <p>Level of Skill:</p> <ul style="list-style-type: none"> Check only one box to indicate the level of skill you have in performing this task. 							
21. Supervise clinical social workers and staff to ensure compliance with program policies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Supervise training of psychiatric social worker students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Develop psychiatric work treatment plans in an assigned district or in an institution/clinic for mentally and/or emotionally disturbed, mentally deficient or physically disabled patients, inmates, youthful offenders, or parolees.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Evaluate staff performance and take or recommend appropriate action.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Recruit, screen, interview, and hire clinical social workers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Oversee clinical social workers case assignments to ensure the appropriate delivery of psychosocial services are being met.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Provide clinical guidance and training for clinical social workers to improve quality of care and provide appropriate treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Provide follow-up appointments with chronically ill patients to facilitate continuity of care and management of patients' conditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Ensure the timely completion of initial psychiatric evaluations, patient treatment plans, and interdisciplinary treatment team meetings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Interview patients to determine mental health diagnoses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Establish professional and respectful working relationships with supervisors, administrators, staff subordinates, parolees, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Develop programs for community planning and education and coordinate needs of hospitals, clinics with other agencies and communities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SUPERVISING PSYCHIATRIC SOCIAL WORKER I, CORRECTIONAL FACILITY
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WORK EXPERIENCE	REGENCY	FREQUENCY			LEVEL OF SKILL		
	Performed task within the last 24 months	Daily or Weekly	Monthly	Annually	Performed less than one year	Performed more than one year, but less than three years	Performed over three years
<p>Instructions: Please read instructions carefully. For Items 32 – 35, please indicate the following:</p> <p>Recency:</p> <ul style="list-style-type: none"> Check this box if you have performed this task within the last 24 months. <p>Frequency:</p> <ul style="list-style-type: none"> Check only one box to indicate the Frequency in which you have performed this task. <p>Level of Skill:</p> <ul style="list-style-type: none"> Check only one box to indicate the level of skill you have in performing this task. 							
33. Work as a team member with other treatment disciplines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Participate in meetings, committees, and conferences.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Participate in peer review/quality management process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Interact with outside monitoring agencies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUPERVISING PSYCHIATRIC SOCIAL WORKER I, CORRECTIONAL FACILITY

Conditions of Employment (Form 631)

Name: _____

PLEASE MARK THE APPROPRIATE BOX(ES) OF YOUR CHOICE - YOU WILL NOT BE OFFERED A JOB IN LOCATIONS NOT MARKED.

If you are successful in this examination, your name will be placed on an active employment list and referred to fill vacancies according to the conditions you specify on this form. If you are not planning to relocate or are not willing to travel to a distant job location, do not select locations that are a long way from your residence.

TYPE OF APPOINTMENT YOU ARE WILLING TO ACCEPT

Please mark the appropriate box(es) - you may check "(A) Any" if you are willing to accept any type of employment.

- | | | |
|--|---|---|
| <input type="checkbox"/> (A) Any | <input type="checkbox"/> (K) Limited-Term Full-Time | <input type="checkbox"/> (U) Limited-Term Part-Time |
| <input type="checkbox"/> (D) Permanent Full-Time | <input type="checkbox"/> (R) Permanent Part-Time | <input type="checkbox"/> (T) Permanent Intermittent |

If all are marked and you receive an appointment other than Permanent Full-Time, your name will continue to be considered for Permanent Full-Time positions.

NOTE: California State Prison has been abbreviated to "CSP".

(0005) ANYWHERE IN THE STATE – If this box is marked, no further selection is necessary.

NORTHERN REGION

- | | | |
|--|--|---|
| <input type="checkbox"/> 0309 Mule Creek State Prison
Ione, Amador County | <input type="checkbox"/> 3400 Headquarters
Elk Grove, Sacramento County | <input type="checkbox"/> 4804 California Medical Facility
Vacaville, Solano County |
| <input type="checkbox"/> 0802 Pelican Bay State Prison
Crescent City, Del Norte County | <input type="checkbox"/> 3404 Folsom State Prison
Represa, Sacramento County | <input type="checkbox"/> 4811 CSP, Solano
Vacaville, Solano County |
| <input type="checkbox"/> 1802 California Correctional Center
Susanville, Lassen County | <input type="checkbox"/> 3423 CSP, Sacramento
Represa, Sacramento County | <input type="checkbox"/> 5505 Sierra Conservation Center
Jamestown, Tuolumne County |
| <input type="checkbox"/> 1805 High Desert State Prison
Susanville, Lassen County | <input type="checkbox"/> 3901 Deuel Vocational Institution
Tracy, San Joaquin County | |
| <input type="checkbox"/> 2102 CSP, San Quentin
San Quentin, Marin County | <input type="checkbox"/> 3914 California Health Care Facility/
DeWitt Correctional Facility
Stockton, San Joaquin County | |

CENTRAL REGION

- | | | |
|--|--|---|
| <input type="checkbox"/> 1015 Pleasant Valley State Prison
Coalinga, Fresno County | <input type="checkbox"/> 1606 CSP, Corcoran
Corcoran, Kings County | <input type="checkbox"/> 2701 Correctional Training Facility
Soledad, Monterey County |
| <input type="checkbox"/> 1514 North Kern State Prison
Delano, Kern County | <input type="checkbox"/> 1608 California Substance Abuse Treatment Facility
Corcoran, Kings County | <input type="checkbox"/> 2708 Salinas Valley State Prison
Soledad, Monterey County |
| <input type="checkbox"/> 1522 Kern Valley State Prison
Delano, Kern County | <input type="checkbox"/> 2003 Central California Women's Facility
Chowchilla, Madera County | <input type="checkbox"/> 4005 California Men's Colony
San Luis Obispo, San Luis Obispo County |
| <input type="checkbox"/> 1605 Avenal State Prison
Avenal, Kings County | <input type="checkbox"/> 2004 Valley State Prison
Chowchilla, Madera County | |

SOUTHERN REGION

- | | | |
|--|--|--|
| <input type="checkbox"/> 1307 Calipatria State Prison
Calipatria, Imperial County | <input type="checkbox"/> 1523 California City Correctional Facility
California City, Kern County | <input type="checkbox"/> 3329 Ironwood State Prison
Blythe, Riverside County |
| <input type="checkbox"/> 1308 Centinela State Prison
Imperial, Imperial County | <input type="checkbox"/> 1995 CSP, Los Angeles
Lancaster, Los Angeles County | <input type="checkbox"/> 3612 California Institution for Men
Chino, San Bernardino County |
| <input type="checkbox"/> 1503 California Correctional Institution
Tehachapi, Kern County | <input type="checkbox"/> 3310 California Rehabilitation Center
Norco, Riverside County | <input type="checkbox"/> 3613 California Institution for Women
Corona, San Bernardino County |
| <input type="checkbox"/> 1513 Wasco State Prison
Wasco, Kern County | <input type="checkbox"/> 3313 Chuckawalla Valley State Prison
Blythe, Riverside County | <input type="checkbox"/> 3715 R.J. Donovan Correctional Facility
San Diego, San Diego County |

Please notify California Correctional Health Care Services promptly of any changes of address or availability for employment at the following address:
CCHCS, Examination Services Section, D1, P.O. Box 588500, Elk Grove, CA 95758.

SUPERVISING PSYCHIATRIC SOCIAL WORKER I, CORRECTIONAL FACILITY
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Name: _____

RECRUITMENT QUESTIONNAIRE

HOW DID YOU HEAR ABOUT THE SUPERVISING PSYCHIATRIC SOCIAL WORKER I, CORRECTIONAL FACILITY EXAM?

The questions below are not part of the exam and are for informational purposes only.

1. Check the box(es) that best describes how you found out about the Supervising Psychiatric Social Worker I, Correctional Facility exam.

- College Recruitment
- CDCR Employee/Relative
- CDCR Website
- Job Fair/Career Event (California)
- Job Fair/Career Event (Outside of California)
- Advertisement in Magazine/Journal
- Mailer
- Newspaper
- Internet Search (Career Builder, Google, AOL, etc.)
- State Personnel Board (SPB)

2. Check the box(es) that best describes the reason for selecting CCHCS as your place of employment.

- Competitive Salary
- Benefits
- Retirement
- Career Challenge
- Gain Experience in a Correctional Setting
- Flexible Shifts
- Opportunity
- All of the Above